

Well Being Function: Child Development Services

In the first set of columns mark the number, that indicates how important each program element is to you and your family. In the second set of columns, mark the number that indicates how well the program is performing for you and your family.

	IMPORTANCE							PERFORMANCE					
CHILD CARE QUALITY	Most Important	Very Important	Generally Important	Somewhat Important	Not Important	N/A		Outstanding	Very Good	Average	Not Very Good	Poor	N/A
CHILD CARE AVAILABILITY	6	5	4	3	2	1		6	5	4	3	2	1
AVAILABLE CHOICES OF CARE	6	5	4	3	2	1		6	5	4	3	2	1
DEPENDABILITY	6	5	4	3	2	1		6	5	4	3	2	1
CUSTOMER SERVICE	6	5	4	3	2	1		6	5	4	3	2	1
SUPPORT FOR THE ARMY MISSION	6	5	4	3	2	1		6	5	4	3	2	1
GROWTH AND LEARNING ENVIRONMENT	6	5	4	3	2	1		6	5	4	3	2	1
AFFORDABLE CARE	6	5	4	3	2	1		6	5	4	3	2	1
INVOLVEMENT OF PARENTS	6	5	4	3	2	1		6	5	4	3	2	1
SAFETY	6	5	4	3	2	1		6	5	4	3	2	1
OVERALL QUALITY OF CARE	6	5	4	3	2	1		6	5	4	3	2	1
OTHER	6	5	4	3	2	1		6	5	4	3	2	1

Comments/Recommendations: Please provide an explanation for area(s) rated either “not very good” or “poor”.

Child Development Services:

BACKGROUND INFORMATION:

READ CAREFULLY and check the appropriate box.

What is your constituent group?

- ☐ Active Duty
- ☐ Army Reserve
- ☐ DA Civilian
- ☐ Family Member
- ☐ Retiree

Marital status:

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Widowed

Where do you reside?

- ☐ On-Post Housing
- ☐ Off-Post Housing

Number of children in care?

- ☐ 1
- ☐ 2
- ☐ Two or more

Where do your children receive care?

- ☐ On/Post
- ☐ Off/Post

Have you considered leaving the Army because of child care issues?

- ☐ Yes
- ☐ No

Please select your installation:

- ☐ Fort Richardson
- ☐ Fort Wainwright

Please list below the three areas that according to you are in urgent need of improvement.

1. _____

2. _____

3. _____